

FORM B1		United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): SHAW, VALERIE DENISE			Name of Joint Debtor (Spouse) (Last, First, Middle):																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): FDBA Azpire Group, Inc.			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-8018			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																	
Street Address of Debtor (No. & Street, City, State & Zip Code): 606 Wysteria Drive Olympia Fields, IL 60461			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																	
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business:																	
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
Information Regarding the Debtor (Check the Applicable Boxes)																				
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																	
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																				
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY															
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1-15	16-49	50-99	100-199	200-999		1000-over														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>														
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

Voluntary Petition (This page must be completed and filed in every case)		SHAW, VALERIE DENISE	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ VALERIE DENISE SHAW</u> Signature of Debtor VALERIE DENISE SHAW X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) <u>March 7, 2005</u> Date		Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u>/s/ MARC C. SCHEINBAUM 6180394</u> <u>March 7, 2005</u> Signature of Attorney for Debtor(s) Date MARC C. SCHEINBAUM 6180394 Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer _____ Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
Signature of Attorney X <u>/s/ MARC C. SCHEINBAUM 6180394</u> Signature of Attorney for Debtor(s) MARC C. SCHEINBAUM 6180394 Printed Name of Attorney for Debtor(s) COHEN & KROL Firm Name 105 West Madison Street Suite 1100 Chicago, IL 60602 Address 312-368-0300 Fax: 312-368-4559 Telephone Number March 7, 2005 Date			
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

Form B6D
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 03 CH 16741			Arrearage on First Mortgage					
J.P. MORGAN/CHASE c/o Ira T. Nevel 175 N. Franklin, Ste 201 Chicago, IL 60606		-	606 Wysteria Drive Olympia Fields, IL					
			Value \$ 0.00				54,000.00	54,000.00
Account No.			First Mortgage					
J.P.MORGAN/CHASE c/o Ira T. Nevel 175 N. Franklin, Ste 201 Chicago, IL 60606		-	Residence located at 606 Wysteria Drive Olympia Fields, IL 60461					
			Value \$ 500,000.00				379,000.00	0.00
Account No. 03 CH 13875			First Mortgage					
M.E.R.S. c/o Kropik Papuga & Shaw 120 S. La Salle St., Ste 1327 Chicago, IL 60603		-	Rental Property located at 2815 W. 173rd Street Hazel Crest, IL					
			Value \$ 85,000.00				120,000.00	35,000.00
Account No.								
			Value \$					
Subtotal (Total of this page)							553,000.00	
Total (Report on Summary of Schedules)							553,000.00	

0 continuation sheets attached

In re VALERIE DENISE SHAW, Debtor Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.
(04/04)

In re VALERIE DENISE SHAW,
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.			606 Wysteria Drive Olympia Fields, IL 60461				25,000.00	0.00
COOK COUNTY TREASURER 118 N. Clark Street Suite 434 Chicago, IL 60602		-						
Account No.								
Account No.								
Account No.								
Account No.								

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

25,000.00

Total
(Report on Summary of Schedules)

25,000.00

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 403253404 ADVOCATE SOUTH SUBURBAN HOSPITAL c/o Harris & Harris, Ltd. 600 W. Jackson Blvd., Ste 700 Chicago, IL 60661		-				44,328.00
Account No. 06 012905781 ALLSTATE INDEMNITY COMPANY c/o Credit Collection Services P. O. Box 55126 Boston, MA 02205-5126		-				261.22
Account No. 06 012903462 ALLSTATE INSURANCE COMPANY c/o Credit Collection Services P. O. Box 55126 Boston, MA 02205-5126		-				243.50
Account No. 0329524146 AMERICA ONLINE CREDIT DEPT. GPO P. O. Box 29593 New York, NY 10087-9593		-				144.50
Subtotal (Total of this page)						44,977.22

7 continuation sheets attached

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0914 05903003						
AMERICAN GENERAL FINANCE 4730 Lincoln Highway Matteson, IL 60443-2316	-					2,037.56
Account No. 04 M1-173335		Assignee of Citibank				
ASSET ACCEPTANCE, LLC c/o McMahan & Sigunick, Ltd. 216 W. Jackson Blvd., Ste 900 Chicago, IL 60606	-					16,790.63
Account No. A3509135557401000000						
AT&T c/o NCO Financial Systems P. O. Box 41457 Philadelphia, PA 19101-1457	-					527.98
Account No. 708-748-5380 D						
AT&T P. O. Box 8212 Aurora, IL 60572-8212	-					777.47
Account No. 5654900						
AT&T Bundled c/o OSI Collection Services, Inc.. P. OI. Box 957 Brookfield, WI 53008	-					921.92
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						21,055.56

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 75910001030 FACRAT						
AT&T CCO LONG DISTANCE c/o Risk Mgmt Alternatives, Inc. P. O. Box 105816 Atlanta, GA 30348-5816	-					921.92
Account No. 5178 0522 3230 8334						
CAPITAL ONE P. O. Box 85520 Internal Zip 12030-163 Richmond, VA 23285-5520	-					1,031.86
Account No. Citation #0039252274						
CHICAGO DEPT. OF REVENUE Remittance Center P. O. Box 88292 Chicago, IL 60680-1292	-					60.00
Account No.						
CHICAGO TRIBUNE 777 W. Chicago Avenue FC 300 Chicago, IL 60610	-					150.00
Account No. Notice #5038301190		Parking Violations				
CITY OF CHIGACO-DEPT.OF REVENUE P. O. Box 88292 Chicago, IL 60680-1292	-					370.00
Sheet no. <u>2</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,533.78

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8543195						
COM ED c/o Van Ru Credit Corporation P. O. Box 618 Park Ridge, IL 60068-0618	-					1,221.06
Account No. 440						
CORPORATE OFFICES 2021 Midwest Road Suite 200 Oak Brook, IL 60523	-					217.04
Account No. File No. 04060064						
CORPORATE OFFICES BUSINESS c/o Abrams & Abrams, P.C. 75 E. Wacker Dr., Ste 320 Chicago, IL 60601	-					1,166.78
Account No. D00-73-6476						
DeVRY UNIVERSITY 18624 West Creek Drive Tinley Park, IL 60477	-					2,696.25
Account No. 4200880180						
EDUCAID 3301 C Street, Ste 100A Sacramento, CA 95816-3300	-					2,044.00
Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						7,345.13

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 388656						
GAS LINE COMFORT GUARD P. O. Box 3042 Naperville, IL 60563-3042	-					17.50
Account No. W7216019-MW-ST540-999		Re: Star/A& J Disposal Service				
I.C. SYSTEM, INC. 444 Highway 96 East P. O. Box 64437 Saint Paul, MN 55164-0437	-					103.31
Account No. 200500205212						
INGALLS MEMORIAL HOSPITAL P. O. Box 75608 Chicago, IL 60675-5608	-					75.00
Account No. IL0107180226002		2004-M1-607221 2000 Jeep Grand Cherokee Deficiency				
LIGHTHOUSE FINANCIAL GROUP OF IL P. O. Box 18512 Tampa, FL 33679-8512	-					19,888.70
Account No. 03 CH 13875		Rental Property at 2815 W. 73rd Street Hazel Crest, IL				
M.E.R.S. c/o Kropik Papuga & Shaw 120 S. La Salle St., Ste 1327 Chicago, IL 60603	-					30,000.00
Sheet no. <u>4</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						50,084.51
Subtotal (Total of this page)						

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4-02-73-2321 3						
NICOR GAS P. O. Box 310 Aurora, IL 60507-0310	-					1,239.23
Account No. 000064893910-001						
NORTHWESTERN MEMORIAL HOSPITAL P. O. Box 73690 Chicago, IL 60673-7690	-					75.00
Account No. 4465 6118 0064 7491						
PROVIDIAN P. O. Box 660763 Dallas, TX 75266-0763	-					3,877.00
Account No. 79713601000-FACSAMT		Ref. #708-748-3801-6129				
SBC c/o Risk Mgmt Alternatives, Inc. P. O. Box 105405 Atlanta, GA 30348	-					319.23
Account No. 000410						
SFZ CORPORATION Shahla Zaidi, M.D. 17850 S. Kedzie Ave., #3100 Hazel Crest, IL 60429-2086	-					50.00
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,560.46

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. 40031364004139							
TELECHECK P. O. Box 17120 Denver, CO 80217-0120	-						25.00
Account No. 708-481-2140							
TELECOM USA P. O. Box 600607 Jacksonville, FL 32260-0607	-						21.09
Account No. UCA31423							
UNIV. OF CHGO DEPT OF ANESTHESIA P. O. Box 75307 Chicago, IL 60675	-						293.70
Account No. 3-403583							
UNIV. OF CHICAGO PHYSICIANS GROUP P. O. Box 75307 Chicago, IL 60675-5307	-						730.20
Account No. 1932532							
UNIVERSITY OF CHICAGO HOSPITALS P. O. Box 70565 Chicago, IL 60673-0565	-						917.96
Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,987.95

Form B6F - Cont.
(12/03)

In re **VALERIE DENISE SHAW**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Case #033141641						
UNIVERSITY OF CHICAGO HOSPITALS c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	-					49.72
Account No. 033351330						
UNIVERSITY OF CHICAGO HOSPITALS c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	-					561.00
Account No. P7851632		Re: Certificate of Occupancy				
VILLAGE OF HAZEL CREST Dept. of Administrative Bldg. Code Hazel Crest, IL 60429	-					350.00
Account No.						
Account No.						
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						960.72
Subtotal (Total of this page)						
Total (Report on Summary of Schedules)						134,505.33

United States Bankruptcy Court
Northern District of IllinoisIn re **VALERIE DENISE SHAW**

Debtor(s)

Case No.

Chapter **13****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	2,200.00
Prior to the filing of this statement I have received.....	\$	2,200.00
Balance Due.....	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **March 7, 2005**

/s/ MARC C. SCHEINBAUM 6180394

MARC C. SCHEINBAUM 6180394

COHEN & KROL

105 West Madison Street

Suite 1100

Chicago, IL 60602

312-368-0300 Fax: 312-368-4559

**United States Bankruptcy Court
Northern District of Illinois**

In re **VALERIE DENISE SHAW**

Debtor(s)

Case No.

Chapter

13

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **54**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **March 7, 2005**

/s/ VALERIE DENISE SHAW

VALERIE DENISE SHAW

Signature of Debtor

ADVOCATE SOUTH SUBURBAN HOSPITAL
c/o Harris & Harris, Ltd.
600 W. Jackson Blvd., Ste 700
Chicago, IL 60661

AT&T
c/o Credit Collection Services, Inc.
P. O. Box 957
Brookfield, WI 53008

Barren L. Basic
5 East Wilson Street
Batavia, IL 60510

ALLSTATE INDEMNITY COMPANY
c/o Credit Collection Services
P. O. Box 55126
Boston, MA 02205-5126

AT&T CCO LONG DISTANCE
c/o Risk Mgmt Alternatives, Inc.
P. O. Box 105816
Atlanta, GA 30348-5816

DeVRY UNIVERSITY
18624 West Creek Drive
Tinley Park, IL 60477

ALLSTATE INSURANCE COMPANY
c/o Credit Collection Services
P. O. Box 55126
Boston, MA 02205-5126

CAPITAL ONE
P. O. Box 85520
Internal Zip 12030-163
Richmond, VA 23285-5520

EDUCAID
3301 C Street, Ste 100A
Sacramento, CA 95816-3300

AMERICA ONLINE CREDIT DEPT.
GPO
P. O. Box 29593
New York, NY 10087-9593

CHICAGO DEPT. OF REVENUE
Remittance Center
P. O. Box 88292
Chicago, IL 60680-1292

GAS LINE COMFORT GUARD
P. O. Box 3042
Naperville, IL 60563-3042

AMERICAN GENERAL FINANCE
4730 Lincoln Highway
Matteson, IL 60443-2316

CHICAGO TRIBUNE
777 W. Chicago Avenue
FC 300
Chicago, IL 60610

GC Services Collection Agency
P. O. Box 3026
Houston, TX 77253

Arnold Scott Harris, P.C.
600 W. Jackson Blvd., Ste 450
P. O. Box 5625
Chicago, IL 60680-5625

CITY OF CHIGACO-DEPT.OF REVENUE
P. O. Box 88292
Chicago, IL 60680-1292

I.C. SYSTEM, INC.
444 Highway 96 East
P. O. Box 64437
Saint Paul, MN 55164-0437

ASSET ACCEPTANCE, LLC
c/o McMahan & Sigunick, Ltd.
216 W. Jackson Blvd., Ste 900
Chicago, IL 60606

COM ED
c/o Van Ru Credit Corporation
P. O. Box 618
Park Ridge, IL 60068-0618

ILLINOIS COLLECTION SERVICE, IN
P. O. Box 646
Oak Lawn, IL 60454-0646

ASSOCIATED RECOVERY SYSTEMS
201 w. gRAND aVENUE
Escondido, CA 92025

COOK COUNTY TREASURER
118 N. Clark Street
Suite 434
Chicago, IL 60602

INGALLS MEMORIAL HOSPITAL
P. O. Box 75608
Chicago, IL 60675-5608

AT&T
c/o NCO Financial Systems
P. O. Box 41457
Philadelphia, PA 19101-1457

CORPORATE OFFICES
2021 Midwest Road
Suite 200
Oak Brook, IL 60523

J.P. MORGAN/CHASE
c/o Ira T. Nevel
175 N. Franklin, Ste 201
Chicago, IL 60606

AT&T
P. O. Box 8212
Aurora, IL 60572-8212

CORPORATE OFFICES BUSINESS
c/o Abrams & Abrams, P.C.
75 E. Wacker Dr., Ste 320
Chicago, IL 60601

J.P.MORGAN/CHASE
c/o Ira T. Nevel
175 N. Franklin, Ste 201
Chicago, IL 60606

Linebarger Goggan Blair & Sampson SBC UNIVERSITY OF CHICAGO HOSPITAL
P. O. Box 06152 c/o Risk Mgmt Alternatives, Inc. c/o Trustmark Recovery Services
Chicago, IL 60606-0152 P. O. Box 105405 541 Otis Bowen Drive
Atlanta, GA 30348 Munster, IN 46321

M.E.R.S. SFZ CORPORATION VILLAGE OF HAZEL CREST
c/o Kropik Papuga & Shaw Shahla Zaidi, M.D. Dept. of Administrative Bldg. Code
120 S. La Salle St., Ste 1327 17850 S. Kedzie Ave., #3100 Hazel Crest, IL 60429
Chicago, IL 60603 Hazel Crest, IL 60429-2086

M.E.R.S. SHERMAN ACQUISITION, LP WOLPOFF & ABRAMSON, LLP
c/o Kropik Papuga & Shaw 9700 Bissonnet Street, Ste 2000 Two Irvington Centre
120 S. La Salle St., Ste 1327 P. O. Box 740281 702 King Farm Blvd.
Chicago, IL 60603 Houston, TX 77274-0281 Rockville, MD 20850-5775

MRS Associates, Inc. TELECHECK
3 Executive Campus P. O. Box 17120
Suite 400 Denver, CO 80217-0120
Cherry Hill, NJ 08002

National Asset Management Enterpris TELECOM USA
P. O. Box 725409 P. O. Box 600607
Atlanta, GA 31139 Jacksonville, FL 32260-0607

NCO Financial Systems, Inc. Teller, Levit & Silvertrust, P.C.
P. O. Box 8148 11 E. Adams Street
Philadelphia, PA 19101-8148 Chicago, IL 60603

NICOR GAS UNIV. OF CHGO DEPT OF ANESTHESIA
P. O. Box 310 P. O. Box 75307
Aurora, IL 60507-0310 Chicago, IL 60675

NORTHWESTERN MEMORIAL HOSPITAL UNIV. OF CHICAGO PHYSICIANS GROUP
P. O. Box 73690 P. O. Box 75307
Chicago, IL 60673-7690 Chicago, IL 60675-5307

Pellettieri & Associates UNIVERSITY OF CHICAGO HOSPITALS
991 Oak Creek Drive P. O. Box 70565
Lombard, IL 60148-6408 Chicago, IL 60673-0565